010 ELECTION CYCLE

## Judicial Candidate

REPORT OF RECEIPTS AND DISBURSEMEN

Delbert Hosemann SECRETARY OF STATE			
7	ECEIVE		
1	JUN 1 5 2010		
9	LECTIONS DIVISION ECRETARY OF STATE		

Name of Candidate

Office Sought

Check here if above is different from previous report

	May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)	Mandatory
	June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)	Mandatory
V	June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)	Mandatory
-50	July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)	
	October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010)	ivianuatory
	October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)	Mandatory
_	November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)Run	noff Candidates
	November 16, 2010 Fig-Runoit Report (0 steps = 1, 2010)	Mandaton
	January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010)	inate reporting

campaign expenditures and has no outstanding campaign debt obligation)

IMPORTANT

- Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Calendar Itemized + Non-itemized = This Period Year-To-Date Total amount of contributions Total amount of disbursements \$ Total amount of cash on hand

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Elect Brus W. Burton Circle Country at Hinds Country

Reporting period May 1 2010 through May 31 2010

ITEMIZED RECEIPTS

Source: © Corporation © PAC © Individual & Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation Dr Ac		\$ 6,000.00
Il name Buce Burton	1 1	\$
ailing Address PO- Box 23/44	<u> -'-'-</u>	\$
ity, State, Zip Code Jakson, Ms 39225	-'-'-	\$
Jame of Employer (Required) Bunton Law Firm	Aggregate	\$ 4 000-00
Occupation (Required) Altourist Consoler at Law	year-to-date	Amount of each
3. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt this period
Other (please specify)	6 7	\$
Full name	''-	\$
Mailing Address	-'-'-	
		\$
City, State, Zip Code	1 1	\$
Name of Employer (Required)	Aggregate year-to-date	\$
Occupation (Required)	Date	Amount of each
C. Source: Corporation PAC Interview	(Mo., Day, Year	receipt this period
□ Other (please specify)	1_1_1_	\$
Full name	<del></del>	\$
Mailing Address		\$
City, State, Zip Code	-'-'-	- s
Name of Employer (Required)		
(1)		0
Occupation (Required)  D. Source: Corporation PAC Individual Loan  Date (Mo., Day, Year)		Amount of each
Other (please specify)	1 1	_ \$
Full name		\$
Mailing Address		
City, State, Zip Code		
Name of Employer (Required)	Aggrega	\$ te \$
Occupation (Required)	year-to-d	ate

Committee to Elect	Brue Buton	Hinds County Circuit	Contil
Name of Candidate or Committee	10 through May	-21- 2m	alp. and
Reporting period	through ///au	131 2010	J

## ITEMIZED DISBURSEMENTS

Service Printus, Inc	Date (Mo., Day, Year)	Amount of each disbursement this period
Tailing Address P.O. Box 320249	5,18,10	s 853.86
City, State, Zip Code 1 MA 29727 - 1710		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 853.86
3. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	S
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	S
City, State, Zip Code	_'_'_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		S
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s